

Collection Point: Entry

Projects/grants: SSVF

Clients who are: Head of Households & Adults

“\*” Required Fields

## 1 Client Demographics

<b>First Name:*</b> _____		<b>Last Name:*</b> _____	
<b>Middle Name:</b> _____	<b>Suffix:</b> _____	<b>HoH: *</b> _____	

  

<b>Name Data Quality:*</b> <input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, or Street Name <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Social Security Number:*</b> _____ <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or Partial SSN <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Birthdate:*</b> _____ <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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<b>Gender:*</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Race:*</b> (Select all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Ethnicity:*</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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<b>If Female, Pregnancy Status:*</b> <input type="checkbox"/> Yes Due Date: _____ <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Veteran Status:*</b> (18 & over) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Relationship to Head of Household:*</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Non-Family Member
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### Client Contact Information:

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## 2 Project Enrollment

<b>Project Start Date:*</b> _____	<b>Case Manager:</b> _____
<b>Housing Move-in Date:</b> _____	<— (Only for Rapid Rehousing projects)

## 3 Entry Assessment

<b>Disabling Condition:*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>V4 Household Income as Percentage of AMI:*</b> <b>(HoH ONLY)</b> <input type="checkbox"/> Less than 30% <input type="checkbox"/> 30% to 50% <input type="checkbox"/> Greater than 50%	<b>Client Location (The CoC the client is being served in):*</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> (GA-500) Atlanta  <input type="checkbox"/> (GA-502) Fulton County  <input type="checkbox"/> (GA-504) Augusta  <input type="checkbox"/> (GA-506) Marietta/Cobb  <input type="checkbox"/> (GA-508) DeKalb County         </div> <div style="width: 50%;"> <input type="checkbox"/> (GA-501) Balance of State  <input type="checkbox"/> (GA-503) Athens/Clarke County  <input type="checkbox"/> (GA-505) Columbus/Russell County  <input type="checkbox"/> (GA-507) Savannah/Chatham County         </div> </div>
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**V6 VAMC Station Number:\*** (HoH ONLY) \_\_\_\_\_

From the options below, choose the 'type of situation' that most closely matches where the client was living on the night before the enrollment. Choose **ONLY ONE!** Adult members of the same household may have different prior living situations.

Homeless Situation	Institutional Situation	Transitional & Permanent Housing Situation
<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter. <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility. <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility <input type="checkbox"/> Substance Abuse Treatment Facility or Detox Center	<input type="checkbox"/> Residential or halfway house w no homeless criteria <input type="checkbox"/> Hotel/motel paid for w/o emergency shelter voucher <input type="checkbox"/> Transitional Housing for Homeless Persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant/project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

  

**4.1 | Stay less than 90 days?:\***  
☐ No ([ask 4.4](#))    ☐ Yes ([ask 4.3](#))

  

**4.2 | Stay less than 7 days?:\***  
☐ No ([ask 4.4](#))    ☐ Yes ([ask 4.3](#))

  

**4.3 | On the night before did you stay on the streets, ES, or SH?:\***  
☐ Yes ([ask 4.4](#))  
☐ No **Proceed to section 6 (next page)**

4.4   Length of stay in the prior living situation		
<input type="checkbox"/> 1 night or less	<input type="checkbox"/> 2 to 6 nights	<input type="checkbox"/> 1 week or more; but less than 1 month
<input type="checkbox"/> 1 month or more, but less than 90 days	<input type="checkbox"/> 90 days or more, but less than 1 year	<input type="checkbox"/> One year or longer
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

**5 History of Homelessness**

Approximate date homelessness started:

Record the actual or approximate date this homeless situation began (i.e. the beginning of the continuous period of homelessness on the streets, in ES, in SH, or moving back and forth between those places)

(Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today	
<input type="checkbox"/> 1 time	<input type="checkbox"/> 2 times
<input type="checkbox"/> 3 times	<input type="checkbox"/> 4 or more times
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<input type="checkbox"/> Data not collected	

Total number of months homeless on the street, in ES, or SH in the past three years					
<input type="checkbox"/> One month (this time is the first month)		<input type="checkbox"/> 2	<input type="checkbox"/> 3		
<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> More than 12 months		
<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Client Refused			
<input type="checkbox"/> Data Not Collected					

**Address Prior To Entry Quality:\***

- ☐ Full Address Reported
- ☐ Incomplete or Estimated Address Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

**Address Prior To Entry:\***

Address:	
City:	
State:	
Zip:	

**Covered by Health Insurance: \***

☐ Yes

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

**If client has Health Insurance, check all that apply below:**

- |  |  |
|--|--|
| <input type="checkbox"/> Private                                 | <input type="checkbox"/> State Children's Health Insurance Program S-CHIP      |
| <input type="checkbox"/> Private - Employer                      | <input type="checkbox"/> Military Insurance                                    |
| <input type="checkbox"/> Private - Individual                    | <input type="checkbox"/> State Funded  |
| <input type="checkbox"/> Medicare                                | <input type="checkbox"/> Combined Children's Health Insurance/Medicaid Program |
| <input type="checkbox"/> Medicaid                                | <input type="checkbox"/> Indian Health Service (IHS)                           |
| <input type="checkbox"/> Health insurance obtained through COBRA | <input type="checkbox"/> Other Public  |

**Branch of the Military:\***

(Select Only One)

- ☐ Army
- ☐ Air force
- ☐ Navy
- ☐ Marines
- ☐ Coast Guard
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

**Discharge Status:\***

- ☐ Honorable
- ☐ General under honorable conditions
- ☐ Under other than honorable conditions
- ☐ Bad Conduct
- ☐ Dishonorable
- ☐ Uncharacterized
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

**Service Entry Date: \***

**Service Exit Date: \***

**Select value for each selection:**

	Yes	No	Client Doesn't Know	Client Refused	Data Not Collected
Theatre of Operations: World War II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Vietnam War	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Persian Gulf War (Operation Desert Storm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Afghanistan (Operation Enduring Freedom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Iraq (Operation Iraqi Freedom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Iraq (Operation New Dawn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Korean War	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**P4 Connection with Soar?\*** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

**10**

**Domestic Violence:\***

**Has the client been a victim of Domestic Violence?:\***

☐ Yes ☐ No ☐ Client doesn't know  
☐ Client refused ☐ Data not collected

**If "Yes"**

**If "No" go to Section 11**

**When did the experience occur?**

☐ Within the past three months ☐ Client Doesn't Know  
☐ Three to six months ago (excluding 6 months exactly) ☐ Client Refused  
☐ Six months to one year ago (excluding 1 year exactly) ☐ Data Not Collected  
☐ One year ago or more

**Is the client currently fleeing?:**

☐ Yes ☐ No  
☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

**11**

**Income and Non-Cash Benefits:\***

**Income from any source:**

☐ Yes ☐ No ☐ Client doesn't know  
☐ Client refused ☐ Data not collected

**Non-Cash Benefits from Any Source:\***

☐ Yes ☐ No ☐ Client doesn't know  
☐ Client refused ☐ Data not collected

**Income Sources:**

**If client has income, check all that apply below, and record MONTHLY amount:**

<input type="checkbox"/> Earned Income (i.e., employment income) \$* _____	<input type="checkbox"/> General Assistance \$* _____
<input type="checkbox"/> Unemployment Insurance \$* _____	<input type="checkbox"/> Retirement income from Social Security \$* _____
<input type="checkbox"/> Supplemental Security Income (SSI) \$* _____	<input type="checkbox"/> Veteran's Pension \$* _____
<input type="checkbox"/> Social Security Disability Insurance (SSDI) \$* _____	<input type="checkbox"/> Other Pension \$* _____
<input type="checkbox"/> Veteran's Disability Payment \$* _____	<input type="checkbox"/> Child Support \$* _____
<input type="checkbox"/> Private Disability Insurance \$* _____	<input type="checkbox"/> Alimony or other spousal support \$* _____
<input type="checkbox"/> Worker's Compensation \$* _____	<input type="checkbox"/> Other: _____ \$* _____
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF) \$* _____	

**Non-Cash Benefit Sources:**

**If client receives non-cash benefits, check all that apply below:**

<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) (Food Stamps) \$ _____	<input type="checkbox"/> TANF Transportation Services
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> Other TANF-funded Services
<input type="checkbox"/> TANF Child Care Services	<input type="checkbox"/> Other Source (Specify: _____)

**12**

**Employment Status:\***

**Employment: \***

- ☐ Client Doesn't Know  
☐ Client Refused ☐ No ☐ Yes  
☐ Data Not Collected



**If "Yes",  
answer  
this:**

**Type of Employment:**

- ☐ Full-Time  
☐ Part-Time  
☐ Seasonal/Sporadic (including day labor)

**Why Not Employed?:**

- ☐ Looking for Work  
☐ Unable to Work  
☐ Not Looking for Work

**If "No"**

**13**

**Education Status:\***

**Highest Grade Completed:\***

- ☐ Less than Grade 5 ☐ High school diploma  
☐ Grades 5-6 ☐ GED  
☐ Grades 7-8 ☐ Some College  
☐ 9th Grade ☐ Don't Know  
☐ 10th Grade ☐ Refused  
☐ 11th Grade ☐ Data not collected  
☐ 12th Grade, No diploma

**School Status:\***

- ☐ Associates Degree ☐ Bachelors Degree  
☐ Masters Degree ☐ Doctorate Degree  
☐ Other Graduate / Professional Degree  
☐ Vocational Certification / Certificate of advance  
☐ training or skilled artisan

Referred by Coordinated Entry or Homeless Assistance Provider an Emergency Shelter or Transitional Housing or From Staying in a Place Not Meant for Human Habitation?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No (0 Points)

Current Housing Loss Expected Within:	<input type="checkbox"/> 0 - 6 Days	<input type="checkbox"/> 14 - 21 Days	<input type="checkbox"/> 7 - 13 Days	<input type="checkbox"/> 21 Days or more (0 Points)
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Current Household Income is \$0?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No (0 Points)
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Annual Household Gross Income Amount:	<input type="checkbox"/> 0-14% of Area Median Income (AMI) for Household Size	<input type="checkbox"/> 15 –30% of AMI for Household Size	<input type="checkbox"/> More than 30% of AMI for Household Size (0 points)
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Sudden and significant decrease in cash income (employment and/or cash benefits) AND/OR unavoidable increase in non-discretionary expenses (e.g., rent or medical expenses) in the past 6 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No (0 Points)
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Major change in Household Composition (e.g. Death of Family Member, Separation Divorce from Adult Partner, Birth of New Child) in the Past 12 Months?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No (0 Points)

Rental Evictions Within the Past 7 Years:	
<input type="checkbox"/> 4 or More Prior Rental Evictions	<input type="checkbox"/> 2-3 prior Rental Evictions
<input type="checkbox"/> 1 Prior Rental Evictions	<input type="checkbox"/> No Prior Rental Evictions (0 points)

Currently at Risk of Losing Tenant Based Housing Subsidy or housing subsidized building or unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (0 Points)
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History of Literal Homelessness ( <i>street/shelter/transitional housing</i> )	
<input type="checkbox"/> 4 or More Times or Total of at Least 12 Months in Past Three Years	<input type="checkbox"/> 2-3 in the Past Three Years
<input type="checkbox"/> 1 Time in the Past Three Years	<input type="checkbox"/> None (0 points)

Head of Household with Disabling Condition (physical health, mental health, Substance use) that directly affects ability to Secure/Maintain Housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (0 Points)
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Criminal Record for arson, drug dealing/manufacture or felony offense against persons or property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (0 Points)
Registered Sex Offender?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No (0 Points)

At least 1 dependent child under age 6?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (0 Points)	Single parent with minor child(ren)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (0 Points)
Household size of 5 or more requiring at least 3 bedrooms (Due to age/gender mix)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No (0 Points)	

Any Veteran in household served in Iraq or Afghanistan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (0 Points)
Female Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (0 Points)

HP applicant total points (integer)	
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Grantee targeting threshold score (integer)	
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